

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2			1	
3			1	
4	1		1	
5	1		1	
6	1		1	
7	1		1	
8			1	
9	1		1	
10			3	
11	1		3	
12			2	
13			3	
14	1		1	
15	1		1	
16			1	
17	2		2	
18	1		1	
19			1	
20	2		2	
21			2	
22	2		2	
23	2		2	
24	2		2	
25	2		2	
26	2		2	
27	2		2	
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50				
TOTAL IND.	3		3	
TOTAL DEP.	3	2	45	2
TOTAL CLAIMS	8	2	48	2

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					